

DORIS McCULLOUGH LEADERSHIP DEVELOPMENT FUND
Christian Church (Disciples of Christ)
of Northern California-Nevada

(Please print and use a dark ink pen.)

DATE: _____

NAME: _____
Last First Middle/Maiden

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (____) _____ - _____

CONGREGATION: _____

Please provide the following information for which the development grant is requested:

Name of event/program: _____

Date(s) of event/program: _____

Location of event/program: _____

Name of institution/organization sponsoring event/program and place: _____

How will this event enhance your personal development and leadership? Is this the first time you have attended this event? _____

Indicate the accrediting body, sponsoring unit, region endorsing program: _____

Date and nature of your most recent leader development experience: _____

Recommendation of your pastor: _____

Signature

COST OF THE LEADERSHIP DEVELOPMENT EVENT

Tuition or registration fees to be paid to the sponsoring institution/organization	\$ _____
Additional cost for lodging, if any	\$ _____
Additional cost for meals(s), if any	\$ _____
Additional cost for travel, if any	\$ _____
All other additional cost(s), if any	\$ _____
Please specify: _____	\$ _____
Total Cost	\$ _____

ESTIMATED SOURCES TO FUND THE LEADER DEVELOPMENT EVENT

Local church contribution	\$ _____
Individual contribution	\$ _____
Requested grant	\$ _____
Other sources of income for event	\$ _____